711-2070 (512) 463-5800

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

			1 ACCOUNT#	2 Total pages filed	:
The C/OH Instruction C	Guide explains how to compl	ete this form.	(Ethics Commission Filers)	as rotal pages med	
3 CANDIDATE /	MS/MRS/MR FIR	RST	Mi ·	OFFICE (	JSE ONLY
OFFICEHOLDER NAME	NICKNAME LAS		SUFFIX	Date Received	
	Or	daz			CITY 2014 J
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE		STATE; ZIP CODE	l	E c
MAILING ADDRESS	POBOX 7		2.17	Date Hand-delivered or	Postmarked
change of address	El Paso, T.	tkas 191	714	Receipt #	Amount
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NU		EXTENSION	Date Processed	
PHONE	(915) 929-90		MI	Date Imaged	54
6 CAMPAIGN TREASURER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	laria	•		
NAME	NICKNAME LA	ST	SUFFIX	•	
	Į ·	2amos			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS		CITY; STATE;	ZIP CODE	
TREASURER ADDRESS		Homestea			
(residence or business)	EIFAS	o, texas	79928		
8 CAMPAIGN	AREA CODE PHONE NU		EXTENSION	•	
TREASURER PHONE	(915) 34V	0-4929		,	
9 REPORT TYPE	January 15 30t	th day before election	Runoff	15th day after treasurer appo (officeholder only)	intment
	July 15 Sth	day before election	Exceeded \$500 limit	Final report (Att	ach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year	
COVERED	2/12/14	TINCOO!	Q/9	/14	
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE		7	Special
	Month Day Year	Primary	Runoff	General	✓ Shedel
			42 OFFICE COLICUT (Size	wn\	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If kno		•
			City Rep	ovesevativ	Έ.
·			Distric	+ W	
		GOTOPA	GE 2		<u> </u>
ì	· .				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME			COUNT # (Ethics Commission Filers)			
<u>U</u>	audia D					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
		COMMITTEE NAME				
	COMMITTEE TYPE	COMMITTEE WATER				
			2014			
•	GENERAL	\$	1011			
	<u> </u>	COMMITTEE ADDRESS	<u>⊆</u> ~			
	SPECIFIC		<u> </u>			
			~			
		COMMITTEE CAMPAIGN TREASURER NAME	P A			
			ជ ក្			
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
47 CONTRIBUTION						
17 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø			
			<u>-</u>			
	2. TOTAL	POLITICAL CONTRIBUTIONS	\$ 9,625			
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	+ 1,000			
EXPENDITURE			6			
TOTALS	<ol><li>TOTAL F</li></ol>	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	$ $ \$ $\mathcal{O}$ $ $			
	4. TOTAL	POLITICAL EXPENDITURES	1\$ 407 40			
			, ,			
CONTRIBUTION	5. TOTAL F	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
BALANCE		ORTING PERIOD	\$ 9218			
. ,						
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$ 17/			
LOANTOTALO	LAST D.	AY OF THE REPORTING PERIOD	Ψ			
18 AFFIDAVIT			•			
16 AFFIDAVII		I swear, or affirm, under penalty of perju	ny that the accompanying report			
		is true and correct and includes all inform				
90000000		was under Title 45 Floation Code	manon rodanos to no repenso, en			
	DOLORES M. JE	INDIA P				
(*(**)*)*	NOTARY PUB		$\gamma \circ \rho = 1$			
	My commission (		Lellas			
40.0	<b>04-25-</b> 201	8 Signature of Candidate	e or Officeholder			
AFFIX NOTARY STAN		10 . 4 01				
Sworn to and sub	scribed before	me, by the said Claudia L. Urday	, this the			
	v of Oune		nand and seal of office.			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7					
Notoron AA C	enkina	Dolores M. Jen Kins	Intarea			
Signature of officer adn	ninistering oath	Printed name of officer administering oath	Title of officer administering oath			
Oig.iata. 5 o, oiiiooi daii			· ·			

# (512) 463-5800

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

### SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
Claudia Ordaz					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
•	Susan Ruben G	werra	-0-0	22 0	
4-3-14	6 Contributor address; City; State; Zip Code	-010	\$250	or a file	
	5848 Diamond Point Civ	· ·	(If traval autoida	of Toyas complete Schedule T)	
			(If travel outside of Texas, complete Schedule T)		
9 Principal occup	eation / Job title (See Instructions)	10 Employer (See	instructions)		
		1	Amount of	In-kind contribution	
Date	Full name of contributor Unit out-of-state PAC (ID#_	· · · · · · · · · · · · · · · · · · ·	contribution (\$)	description (if applicable)	
• .	Merrick Garb			<u> </u>	
5-8-14	Contributor address; City; State; Zip Code	AveNW	\$30		
J. 0. 1-1	Washington, DC 2	Losos			
	-		· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	·	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Alma Diaz		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		55		
5-9-14	1641 Dave Elliott	<b>.</b>	<b>D D</b>		
	E 1 Paso, TX 19934		(If travel outside	of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
, moparesea					
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
. ,	Beatriz Nava		COHUMUNON (\$)	Gescription (ii applicable)	
5-9-14	Contributor address; City; State; Zip Code		\$5		
	2916 Gilberto Avila	×			
	EI Paso, Telas 70	1736		of Towns assessed to Colondale Th	
	the Alleh Side (Con Individual)	Employer (See		of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
	Edenia Ponce		contribution (\$)	description (if applicable)	
5-9-14	Contributor address; City; State; Zip Code		\$ 5		
	12644 Sun Trail	Drive	<b>P D</b>		
	EI Paso, Texas 7	4938			
	(O leate - fi)	Employer (See		of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	and addonors		

## ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:		
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
Claudia Ordaz					
4 Date				8 In-kind contribution	
	Imeth Morales		contribution (\$)	description (if applicable)	
_	L			]	
5-9-14	6 Contributor address; City; State; Zip Code 3250 Catherine A	mn	\$5		
	El Paso, Texas 7		(If travel outside	of Texas, complete Schedule	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See I	·	<del>-0</del>	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Ceàlia Murphy	,	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code				
5-9-14	1362 Wyatt Ear	P	\$ 5	[	
,	E 1 Paso, Texas		/IE bancon and the	of Toyan complete Schedule Th	
Principal occur	pation / Job title (See Instructions)	Employer (See	L	of Texas, complete Schedule T)	
. moipai occup		F (333			
Date	Full name of contributor  ut-of-state PAC (ID#:_		Amount of	In-kind contribution	
	Laven Paterson		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			1	
5-9-14	5393 Montaya I	Drive	\$5	ļ.	
3-1-17	E 1 Pasa Texas 79922			of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See	<del></del>		
		<u> </u>			
Date	Full name of contributor	)	Amount of	In-kind contribution	
1	Rebecca Hernane	40	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		1 4-		
5-9-14	1474 Dos Deannas		\$5		
	E 1 Paso, Texas		(If toward arctic	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See		or reves, complete schedule 1)	
			-		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	In-kind contribution	
	Analilia Miramon	ntes	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$5		
5-9-14	1965 Lyman Dut	1905 Lyman Dutton El Paso, Texas 79936			
	El Paso, Texas 7	9936	(If travel outside	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See			

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#### Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 FILER NAME Claudia Orda2 5 Full name of contributor □ out-of-state PAC(ID#; 7 Amount of 8 In-kind contribution description (if applicable) contribution (\$) Karen Bezernek 6 Contributor address; City; State; Zip Code 10953 Sombra Vevde El Jaso, Texas 79935 (If travel outside of Texas, complete Schedule 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#: Date Amount of In-kind contribution contribution (\$) description (if applicable) Cecilia DOTZ Contributor address; City; State; Zip Code 11441 James Grant EI Paso Texas 79936 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Martha Hernandez Contributor address; City; State; Zip Code 901. St. Catherine 5-9-14 E I Paso, Texas 79926 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Full name of contributor out-of-state PAC (ID#: Amount of description (if applicable) contribution (\$) Martha Orda2 Contributor address; City; State; Zip Code 11372 David Carrasco E I Paso, Texas 79936 (If travel outside of Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor In-kind contribution Amount of Date Woody L. Gayle G. Hunt Contributor address City; State; Zip Code 4401 Nov+h Mesa contribution (\$) description (if applicable) ELPaso, Texas 79902 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### (TDD 1-800-735-2989) Austin, Texas 78711-2070 (512) 463-5800 P.O. Box 12070 Texas Ethics Commission POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Claudia Or daz 5 Full name of contributor out-of-state PAC (ID#) 8 In-kind contribu្ដីរ៉េទិក Asher Jo Ann Casey Teinburg 5-23-14 6 Contributor address; City; State; Zip Code 1000 Madeline contribution (\$) description (if applicable) EI Fasa Texas 79902 (If travel outside of Texas, complete Schedule 1) 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Full name of contributor \_\_\_ out-of-state PAC (ID#:\_ In-kind contribution description (if applicable) Joshua W. Martha S. Hunt Contributor address; City; State; Zip Code 1101 E Baltimore E 17050, Texas 79902 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of contributor ut-of-state PAC (ID#: Amount of description (if applicable) contribution (\$) William Sanders Contributor address; City; State; Zip Code 201 E. Main, El Faso, Texas, 79901 5500 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Adam 2. Dana M. Frank Contributor address; City; State; Zip Code 801 Diver Daks Drive contribution (\$) description (if applicable) 10-2-14 E ITaso, Texas 79912 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_ Amount of contribution (\$) description (if applicable) S'C++ PAC Contributor address; City; State; Zip Code 1100 chase tower

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

E 17asa Texas 79901

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

(512) 463-5800

Th.	Instruction Guide explains how to complete this	form	1 Total pages Sch	edule A:	
			·+		
2 FILER NAME	Claudia has		3 ACCOUNT# (E	thics Commission Filers)	
	Claudia Ordaz				
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	J.W Dagers Jr.				
ku c /f			\$1,000	ا ہے	
10-3-14	6 Contributor address; City; State; Zip Code		\$.10=0		
	E I FOSO, Texas	19902		1 9 1	
			L	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
			<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution (description (if applicable)	
Ť	Haroid Hahn				
6-4-14	Contributor address; City; State; Zip Code				
Q -1	2244 trawood, 5	suite 100	\$1,000		
ı	E 17aso, Toxas				
		,	<del></del>	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	instructions)		
	Full name of contributor  out-of-state PAC (ID#:_	1	Amount of	In-kind contribution	
Date			contribution (\$)	description (if applicable)	
	Isha Logers B	abel		1	
6-5-14	Contributor address; City; State; Zip Code	0	\$500	1	
Ψ	1505 Rim Raa		1		
	E ( Paso, Texa	25 79902	(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	In-kind contribution	
	Kirk Robison		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code			I	
6-6-14	4445 N. Meso	<b>~</b>	181,000		
V ~	E L Paso, Texas	79902		İ	
	C C C C C C C C C C C C C C C C C C C			of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	David Wysong		Continuation (4)	(ii applicable)	
1 2-14	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	1=		
6-0	1020 Pennsylvania	25E,302	5250		
	Washington DC a				
	7			of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See	mstructions)		

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#### (TDD 1-800-735-2989) (512) 463-5800 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Claudia Ordaz 5 Full name of contributor Out-of-state PAC(ID# 8 In-kind contribution description (if application) contribution (\$) Eileen Karlsruher 6 Contributor address; City; State; Zip Code 35 Sun Point CLERK DEP E 17050, Texas 79912 (If travel outside of Texas, complete Schedule 1); 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) In-kind contribution Amount of ut-of-state PAC (ID#: Full name of contributor description (if applicable) contribution (\$) Pamon Bustillos Contributor address; City; State; Zip Code 417 Executive Center EI PUSO, TOXAS 79902 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) In-kind contribution Full name of contributor Amount of description (if applicable) contribution (\$) Gerald Rubin Contributor address; City; State; Zip Code \$ 1,000 538 Laurei Cyn. EL Faso, Texas 79912 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: description (if applicable) contribution (\$) Contributor address; City; State; Zip Code \$100 E 1 Paso, Texas 79907 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

In-kind contribution Amount of Full name of contributor description (if applicable) contribution (\$) Jorge Perez Contributor address; City; State; Zip Code 1950 San Faulo El Paso, Texas 7991S (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

2 FILER NAME  Claudia Ordaz  4 Date  5 Full name of contributor   out-of-state PAC(ID#:
Claudia Ordaz  4 Date 5 Full name of contributor Out-of-state PAC(ID#
4 Date 5 Full name of contributor Out-of-state PAC(ID#) 7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Maria Devez contribution (\$) description (if applicable)
Maria Perez
(0-9-14) 6 Contributor address; City; State; Zip Code \$25
0-0-17 6 Contributor address; City; State; Zip Code
1950 San tau10
EL Faso, Toxas 19915 (If travel outside of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#: ) Amount of In-kind contribution
contribution (\$), description (if applicable)
Sandra Montes-Ordaz
Contributor address; City; State; Zip Code
11951
El Paso, Texas 79936
(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of   In-kind contribution contribution (\$)   description (if applicable)
Andrew Perez contribution (\$) description (if applicable)
Contributor address; City; State; Zip Code
10-9-14 1002 Up 30n \$30 1
EI FELSO, Texas 79902 (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution
contribution (\$) description (if applicable)
laeko Hernandez
Contributor address; City; State; Zip Code
69-14 11708 Banald McNair \$301
EI FOISO TEVAS 79936
(if traver outside of rexas, compare Scriedule 1)
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of In-kind contribution contribution (\$), description (if applicable)
Contributor address; City; State; Zip Code
(If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)
·
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## **POLITICAL EXPENDITURES**

## SCHEDULE F

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)			- 7
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co		oan Repayment/Rein	nbursement	
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Tra			ransportation Equipm		ense
Consulting Expense	_ ·			ontributions/Donation Candidate/Officeho		nittee
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Distr Office Overhead/Re		THER (enter a categ		
. 500	The Instruction Guide			,		•
1 Total pages Schedule F:	2 FILER NAME				Ethics Commission	Filers)
,	Claudia Dida:	7				٠
4 Date	5 Payee name	<del></del>	<del></del>			==
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5- (0 - 14 6 Amount (\$)	7 Pavee address: City: Sta	ite: Zin Codo				
6 Amount (\$)	. , .,	, 2p code			- Tiles	C
80	300 N. Cam		<b>.</b>		<del>-</del>	m
5250	E 1 Paso, -	revas ?	19901			XI
8 PURPOSE	(a) Category (See categories listed at the top		(b) Description (If	f travel outside of Texas, c	omplete Schedule T)	
OF	FERS		FIL.	. (	C)	DE
EXPENDITURE			Tiline Office sought	t tee	Office héld	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH				Office neid:	•
Date	Payee name					
0-14-14	an to dal					
Amount (\$)	Payee address; City; Sta	ate; Zip Code _	. 1			
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1 2 1 soft		.,1				
645	Scottsdal	e, HZ 8	35260			
PURPOSE	Category (See categories listed at the top			f travel outside of Texas, c	omplete Schedule T)	
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	Holiertising EVP	<b>BUZK</b>	Office sought	>1 TC	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholèter namè		Onice sought		Jinde Heid	
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Date	Payee name					
5-7-14	KINKOS-F	red Ev				
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
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	El Fas-		<u> </u>	3	somplete Cabana and	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description (I	f travel outside of Texas, o	complete Schedule T)	
OF EXPENDITURE	Printing Ex	Denen	Cruna	~ 1.	tevativ	1.6
	Candidate / Officeholder name	JEVI DE	Office sought	100	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C			5± 3098116			
	1					
Date	Payee name					
Amount (\$)	Payee address; City; Sta	ate; Zip Code				
DUDDOCT	Category (See categories listed at the top	of this schedule)	Description #	If travel outside of Texas,	complete Schedule T)	
PURPOSE OF	at the to	,				
EXPENDITURE						
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held	_
expenditure to benefit C/						
	ATTACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS N	IEEDED		
I						